

**OFFICER'S BATTERY REPORT**  
**CHICAGO POLICE DEPARTMENT**

RD NO.

**HY143253**

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

| OFFICER INFORMATION  |                            | INCIDENT INFORMATION  |  |
|--|----------------------------|---|--|
| NAME (LAST - FIRST - M.I.)<br>WHIGHAM, JAMES L   |                            | 1. INDOOR <input type="checkbox"/> 2. OUTDOOR <input checked="" type="checkbox"/>   |  |
| STAR NO.<br>3462   | POSITION<br>POLICE OFFICER | ADDRESS OF OCCURRENCE<br>310 W 115TH ST   |  |
| DATE OF APPOINTMENT<br>31-JUL-2006   | EMPLOYEE NO.<br>[REDACTED] | CITY <input checked="" type="checkbox"/> CHICAGO  | STATE (If outside Chicago)<br>[REDACTED] |
| UNIT OF ASSIGNMENT<br>312  | BEAT/CALL NO.<br>67241     | LOCATION CODE<br>304-STREET   | BEAT OF OCCURRENCE<br>0522               |
| SEX<br><input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F  | RACE<br>BLACK              | DOB<br>[REDACTED]   | DATE OF OCCURRENCE<br>07-FEB-2015        |
| HEIGHT<br>601  | WEIGHT<br>190              | TIME<br>14:36:00  | DAY OF WEEK<br>SATURDAY                  |
| NO. OF OFFICERS BATTERED <u>4</u>  |                            |   |  |
| WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO   |                            |   |  |
| IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <u>2</u>   |                            |   |  |
| TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED   |                            |   |  |
| <input checked="" type="checkbox"/> 1. ON DUTY<br><input type="checkbox"/> A. UNIFORM, PATROL DUTY<br><input type="checkbox"/> B. UNIFORM, OTHER DUTY<br>Describe _____  |                            | WORKING:<br><input type="checkbox"/> A. ALONE<br><input checked="" type="checkbox"/> B. WITH ONE PARTNER<br><input type="checkbox"/> C. WITH MULTIPLE PARTNERS<br>How many?<br>PATROL TYPE:<br><input type="checkbox"/> A. SQUAD CAR<br><input type="checkbox"/> B. FOOT<br><input type="checkbox"/> C. BICYCLE<br><input type="checkbox"/> D. APV/MOTORCYCLE<br><input type="checkbox"/> E. SQUADROL<br><input checked="" type="checkbox"/> F. OTHER <u>UNMARKED SQUAD CAR</u>   |  |
| <input type="checkbox"/> 2. OFF DUTY<br><input type="checkbox"/> 3. SPECIAL EMPLOYMENT<br><input type="checkbox"/> 4. SECONDARY / OTHER  |                            | MANNER OF ATTACK<br><input type="checkbox"/> 01. SHOT<br><input type="checkbox"/> 02. SHOT AT<br><input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT)<br><input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT)<br><input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)  |  |
| TYPE OF ACTIVITY   |                            |   |  |
| <input type="checkbox"/> A. AMBUSH -NO WARNING<br><input checked="" type="checkbox"/> B. TRAFFIC STOP/PURSUIT<br><input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON<br><input type="checkbox"/> D. DISTURBANCE - DOMESTIC<br><input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT<br><input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER<br><input type="checkbox"/> G. DISTURBANCE - OTHER<br><input type="checkbox"/> H. MAN WITH A GUN<br><input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify)<br>CHARGE _____ IUCR CODE _____ |                            | TYPE OF WEAPON/THREAT<br>(Check all that apply):<br><input type="checkbox"/> A. FIREARM CALIBER<br><input type="checkbox"/> 1. REVOLVER<br><input type="checkbox"/> 2. SEMI-AUTOMATIC<br><input type="checkbox"/> 3. RIFLE<br><input type="checkbox"/> 4. SHOTGUN<br><input type="checkbox"/> B. VEHICLE<br><input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE<br><input checked="" type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE<br><input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT<br>FIREARM USE INFORMATION<br>(Check all that apply):<br><input type="checkbox"/> A. OFFICER AT GUNPOINT<br><input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED<br><input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON |  |
| <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify)<br>ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____  |                            | OFFENDER INFORMATION<br>SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE BLACK DOB [REDACTED]<br>CB NO. 19058073 IR NO. -  |  |
| <input type="checkbox"/> K. OTHER  |                            | WAS THE OFFENDER'S ACTIVITY:<br>DRUG RELATED? <input checked="" type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN<br>GANG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN<br>NO. OF OFFENDERS PRESENT? <u>1</u>  |  |
| TYPE OF INJURY TO OFFICER  |                            | WEATHER CONDITIONS  |  |
| <input type="checkbox"/> A. FATAL<br><input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries)<br><input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions)<br><input checked="" type="checkbox"/> D. NONE APPARENT/NONE   |                            | LIGHTING CONDITIONS AT INCIDENT<br><input checked="" type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK<br><input type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT<br><input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD   |  |
|  |                            | A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER<br><input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL<br><input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND  |  |
| APPROXIMATE OUTDOOR TEMPERATURE: <u>46° F</u>  |                            |   |  |

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Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

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| REPORTING MEMBER - SIGNATURE<br>WHIGHAM, JAMES L | STAR NO.<br>3462 | WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.<br>MC NAUGHTON, DAVID R |
|--|------------------|--|